

16085 U.S. PTO  
031204

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| DOCKET NUMBER       | ANTICIPATED CLASSIFICATION OF THIS APPLICATION: |          | PRIOR APPLICATION |          |
|---------------------|---|----------|-------------------|----------|
|                     | CLASS   | SUBCLASS | EXAMINER          | ART UNIT |
| G&C 30566.134-US-D1 | 358   | 501      | Amir Alavi        | 2621     |

CERTIFICATE OF MAILING UNDER 37 CFR 1.10

'Express Mail' mailing label number: EV 329955435US

Date of Deposit: March 12, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop PATENT APPLICATION, Commissioner for Patents, Alexandria, VA 22313-1450.

By: *Isabell Ogata*  
Name: Isabell Ogata

22141 U.S. PTO  
10/799213

031204

DIVISIONAL APPLICATION UNDER 37 C.F.R. §1. 53(b)

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This is a request for filing a Divisional application under 37 CFR § 1.53(b) of Serial No.09/769,977, filed on January 25, 2001 entitled "COLOR MATCHING IMAGE DATA" by the following inventor(s):

|     |                         |  |                                    |  |
|-----|-------------------------|--|------------------------------------|--|
| (1) | Full Name Of Inventor   | Family Name<br>PETTIGREW                             | First Given Name<br>DANIEL         | Second Given Name                          |
|     | Residence & Citizenship | City<br>Ile Bizard, Montreal                         | State or Foreign Country<br>CANADA | Country of Citizenship<br>CANADA           |
|     | Post Office Address     | Post Office Address<br>127 Pierre Panet              | City<br>Ile Bizared, Montreal      | State & Zip Code/Country<br>CANADA H9C 2X4 |
| (2) | Full Name Of Inventor   | Family Name<br>PAQUIN                                | First Given Name<br>FRANCOIS       | Second Given Name                          |
|     | Residence & Citizenship | City<br>Montreal                                     | State or Foreign Country<br>CANADA | Country of Citizenship<br>CANADA           |
|     | Post Office Address     | Post Office Address<br>5023 Avenue Christophe-Colomb | City<br>Montreal                   | State & Zip Code/Country<br>CANADA H2J 3H1 |

We are transmitting the attached:

- ☒ New specification: 22 pages, 6 claims, and 1 Abstract page. (It is noted that the new specification does not contain any subject matter that would have been new matter in the prior application.)
- ☒ Eighteen (18) Sheets of Drawings as filed in the prior application.
- ☒ An Information Disclosure Statement and Form PTO-1449 are enclosed.
- ☒ A charge in the amount of \$770.00 to Deposit Account No. 50-0494 cover the Filing Fee.

- ☒ Copy of Signed Combined Declaration and Power of Attorney in the prior application to:

George H. Gates, Reg. No. 33,500, Victor G. Cooper, Reg. No. 39,641, Karen S. Canady, Reg. No. 39,927, William J. Wood, Reg. No. 42,236, and Jason S. Feldmar, Reg. No. 39,187, of the law firm of Gates & Cooper LLP.

- ☒ Address all future communications to the **Attention of Jason S. Feldmar at Gates & Cooper LLP, Howard Hughes Center, 6701 Center Drive West, Suite 1050, Los Angeles, California 90045, Telephone: (310) 641-8797.**

- ☒ A return postcard is enclosed.

- ☒ The fee has been calculated as shown below in the "Claims as Filed" table.

**CLAIMS AS FILED**

| Number of Claims Filed       | In Excess of: | Number Extra | Rate        | Fee             |
|------------------------------|---------------|--------------|-------------|-----------------|
| <b>Basic Filing Fee</b>      |               |              |             | <b>\$770.00</b> |
| <b>Total Claims</b>          |               |              |             |                 |
| 6                            | 20            | 0            | x \$18.00 = | \$0.00          |
| <b>Independent Claims</b>    |               |              |             |                 |
| 3                            | 3             | 0            | x \$86.00 = | \$0.00          |
| MULTIPLE DEPENDENT CLAIM FEE |               |              |             | \$0.00          |
| <b>TOTAL FILING FEE</b>      |               |              |             | <b>\$770.00</b> |

Please consider this a **PETITION FOR EXTENSION OF TIME** for a sufficient number of months to enter these papers, if appropriate.

Please charge all fees to Deposit Account No. 50-0494 of Gates & Cooper LLP. A duplicate of this paper is enclosed.

**Customer Number 22462**

**GATES & COOPER LLP**

Howard Hughes Center  
6701 Center Drive West, Suite 1050  
Los Angeles, CA 90045  
(310) 641-8797

By: 

Name: Jason S. Feldmar  
Reg. No.: 39,187  
JSF/io